



June 26, 2015

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 14-58  
2015 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422  
2015 ETC Annual Report of Cedar County PCS, LLC, Study Area Code 359046

Dear Secretary,

On behalf of Cedar County PCS, LLC, we have attached for filing the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules.

Sincerely,

*/s/ Leah Richter*  
Senior Financial Analyst  
Phone: (605) 995-1793  
Fax: (605) 995-1778  
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Curtis Eldred, Manager, Cedar County PCS, LLC  
Charles Tyler, Telecommunications Access Policy Division

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	359046
<015>	Study Area Name	CEDAR COUNTY PCS, LLC
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Leah.Richter@Vantagepnt.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
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(check box when complete)

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	359046ia510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	359046ia610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	359046ia1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	359046
<015>	Study Area Name	CEDAR COUNTY PCS, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com
<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no )
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no )

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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[illegible]







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Tribal Land(s) on which ETC Serves

Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select Yes or No or Not Applicable

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.



<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<b>(1200) Terms and Condition for Lifeline Customers</b>		<b>FCC Form 481</b>	
<b>Lifeline</b>		<b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b>	
<b>Data Collection Form</b>		<b>July 2013</b>	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div></div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	<a href="http://www.iwireless.com/support/customer-service/lifeline.aspx">http://www.iwireless.com/support/customer-service/lifeline.aspx</a>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
Data Collection Form			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<010>	Study Area Code	359046	
<015>	Study Area Name	CEDAR COUNTY PCS, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059991793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com	
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c)(d),(e). The information reported on this form and in the documents attached below is accurate.			
Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2011a>	3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b>	Attachment {47 CFR § 54.313(b)(1)iii}		
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}			
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	Certification Support Used to Build Broadband		
Connect America Phase II Reporting {47 CFR § 54.313(e)}			
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Document(s) Listing Required Information	

<b>(3000) Rate Of Return Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jeah.Richter@vantagebnt.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	<b>Progress Report on 5 Year Plan</b>	
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	

(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
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(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
	Name of Attached Document Listing Required Information	

(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report	<input type="checkbox"/>

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>

(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
	Name of Attached Document Listing Required Information	

(3018)	If the response is no on line 3014, Is your company audited?	<input type="checkbox"/>
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If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
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(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
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(3021)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	<input type="checkbox"/>
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If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<input type="checkbox"/>
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(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
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(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
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(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
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(3026)	Attach the worksheet listing required information	
	Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier: CEDAR COUNTY PCS, LLC	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 359046	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: CEDAR COUNTY PCS, LLC	
Name of Authorized Agent or Employee of Agent: Leah Richter	
Signature of Authorized Agent or Employee of Agent:	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Leah Richter	
Title or position of Authorized Agent or Employee of Agent: Senior Financial Analyst	
Telephone number of Authorized Agent or Employee of Agent: 6059951793 ext.	
Study Area Code of Reporting Carrier: 359046	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



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1/1/2015

<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge
<703>	

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA			FR	40.0	0.0	0.0	0.0	40.0
IA			FR	45.0	0.0	0.0	0.0	45.0
IA			FR	55.0	0.0	0.0	0.0	55.0
IA			FR	65.0	0.0	0.0	0.0	65.0
IA			FR	75.0	0.0	0.0	0.0	75.0
IA			FR	45.0	0.0	0.0	0.0	45.0
IA			FR	25.0	0.0	0.0	0.0	25.0
IA			FR	10.0	0.0	0.0	0.0	10.0
IA			FR	50.0	0.0	0.0	0.0	50.0
IA			FR	30.0	0.0	0.0	0.0	30.0
IA			FR	10.0	0.0	0.0	0.0	10.0
IA			FR	7.0	0.0	0.0	0.0	7.0
IA			FR	12.0	0.0	0.0	0.0	12.0
IA			FR	22.0	0.0	0.0	0.0	22.0
IA			FR	35.0	0.0	0.0	0.0	35.0
IA			FR	65.0	0.0	0.0	0.0	65.0
IA			FR	8.0	0.0	0.0	0.0	8.0
IA			FR	14.0	0.0	0.0	0.0	14.0
IA			FR	26.0	0.0	0.0	0.0	26.0
IA			FR	7.5	0.0	0.0	0.0	7.5
IA			FR	13.5	0.0	0.0	0.0	13.5

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1/1/2015

<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge
<703>	

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA			FR	25.0	0.0	0.0	0.0	25.0
IA			FR	7.0	0.0	0.0	0.0	7.0
IA			FR	13.0	0.0	0.0	0.0	13.0
IA			FR	23.0	0.0	0.0	0.0	23.0
IA			FR	42.0	0.0	0.0	0.0	42.0
IA			FR	74.0	0.0	0.0	0.0	74.0
IA			FR	40.0	0.0	0.0	0.0	40.0
IA			FR	38.0	0.0	0.0	0.0	38.0
IA			FR	10.0	0.0	0.0	0.0	10.0
IA			FR	18.0	0.0	0.0	0.0	18.0
IA			FR	32.0	0.0	0.0	0.0	32.0
IA			FR	55.0	0.0	0.0	0.0	55.0
IA			FR	95.0	0.0	0.0	0.0	95.0
IA			FR	70.0	0.0	0.0	0.0	70.0
IA			FR	9.5	0.0	0.0	0.0	9.5
IA			FR	17.5	0.0	0.0	0.0	17.5
IA			FR	31.0	0.0	0.0	0.0	31.0
IA			FR	52.0	0.0	0.0	0.0	52.0
IA			FR	9.0	0.0	0.0	0.0	9.0
IA			FR	17.0	0.0	0.0	0.0	17.0
IA			FR	29.0	0.0	0.0	0.0	29.0





**CERTIFICATION OF CEDAR COUNTY PCS, LLC**

**Reporting Period January 1 – December 31, 2015**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing and new locations within 2 business days of the request. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their terms and conditions located on their Carrier's website and in their retail office. An annual Lifeline Notice is also printed in the local newspaper annually. Carrier's procedures for receiving emergency calls during non-business hours include having a technician on call 24 hours a day, 7 days a week. Any after hour calls are directed to a voicemail which is sent via wave file to the technician on call. The technician then responds to all service related calls.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached is an annual notice to customers on matters related to customer privacy. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 25, 2015.

/s/Curtis Eldred

Curtis Eldred, Manager, Cedar County PCS, LLC

SAC: 359046

**CERTIFICATION OF CEDAR COUNTY PCS, LLC**

**Reporting Period January 1 – December 31, 2014**

**Sec. 54.313(a)(6) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery (or equivalent power) reserve in its central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-routing traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 25, 2015.

/s/Curtis Eldred

Curtis Eldred, Manager, Cedar County PCS, LLC

SAC: 359046

**CERTIFICATION OF CEDAR COUNTY PCS, LLC**

**Reporting Period January 1 – December 31, 2014**

**47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$47.48. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 15-470, released April 16, 2015. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2015 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 25, 2015.

/s/Curtis Eldred

Curtis Eldred, Manager, Cedar County PCS, LLC

SAC: 359046